


FORM A

**New York State Consultant Services
Contractor's Planned Employment**
From Contract Start Date Through the End of the Contract Term

| | |
|---|-----------------------------|
| State Agency Name: SUNY Upstate Medical | Agency Business Unit: 28110 |
| State Agency Department ID: 3320211 | Contract Number: D550402 |
| Contractor Name: Dwyer Architectural | Contract End Date: / / |
| Contract Start Date: 03/13/2025 | |

| Employment Category | Number of Employees | Number of Hours to be Worked | Amount Payable Under the Contract |
|--|---------------------|------------------------------|-----------------------------------|
| 17-1011.00 Architects, Except Landscape and Naval (Dwyer) | 2.00 | 276.00 | \$43,779.00 |
| 17-3011.01 Architectural Drafters (Dwyer) | 2.00 | 405.00 | \$27,897.00 |
| 43-6011.00 Executive Secretaries and Executive Administrative Assistants (Dwyer) | 1.00 | 48.00 | \$2,755.00 |
| | 0.00 | 0.00 | \$0.00 |
| | 0.00 | 0.00 | \$0.00 |
| | 0.00 | 0.00 | \$0.00 |
| | 0.00 | 0.00 | \$0.00 |
| | 0.00 | 0.00 | \$0.00 |
| | 0.00 | 0.00 | \$0.00 |
| | 0.00 | 0.00 | \$0.00 |
| | 0.00 | 0.00 | \$0.00 |
| | 0.00 | 0.00 | \$0.00 |
| | 0.00 | 0.00 | \$0.00 |
| | 0.00 | 0.00 | \$0.00 |
| | 0.00 | 0.00 | \$0.00 |
| | 0.00 | 0.00 | \$0.00 |
| | 0.00 | 0.00 | \$0.00 |
| | 0.00 | 0.00 | \$0.00 |
| | 0.00 | 0.00 | \$0.00 |
| Total this Page | 5.00 | 729.00 | \$74,431.00 |
| Grand Total | | | |

Name of person who prepared this report: Elizabeth Fritz, AIA, IIDA
 Title: Partner Phone #: 315-473-1800
 Preparer's Signature: 
 Date Prepared: 03/19/2025

FORM A

**New York State Consultant Services
Contractor's Planned Employment**
From Contract Start Date Through the End of the Contract Term

State Agency Name: SUNY Upstate Medical
 State Agency Department ID: 3320211 Agency Business Unit: 28110
 Contractor Name: Trophy Point Contract Number: D550402
 Contract Start Date: / / Contract End Date: / /

| Employment Category | Number of Employees | Number of Hours to be Worked | Amount Payable Under the Contract |
|----------------------------|---------------------|------------------------------|-----------------------------------|
| Cost Estimating 13-1051.00 | 3.00 | 42.00 | \$6,954.00 |
| | 0.00 | 0.00 | \$0.00 |
| | 0.00 | 0.00 | \$0.00 |
| | 0.00 | 0.00 | \$0.00 |
| | 0.00 | 0.00 | \$0.00 |
| | 0.00 | 0.00 | \$0.00 |
| | 0.00 | 0.00 | \$0.00 |
| | 0.00 | 0.00 | \$0.00 |
| | 0.00 | 0.00 | \$0.00 |
| | 0.00 | 0.00 | \$0.00 |
| | 0.00 | 0.00 | \$0.00 |
| | 0.00 | 0.00 | \$0.00 |
| | 0.00 | 0.00 | \$0.00 |
| | 0.00 | 0.00 | \$0.00 |
| | 0.00 | 0.00 | \$0.00 |
| | 0.00 | 0.00 | \$0.00 |
| | 0.00 | 0.00 | \$0.00 |
| | 0.00 | 0.00 | \$0.00 |
| Total this Page | 3.00 | 42.00 | \$6,954.00 |
| Grand Total | | | |

Name of person who prepared this report: Richard Chudzik

Title: President

Phone #: 716-823-0006

Preparer's Signature: Richard Chudzik

Date Prepared: 3/14/2025